

EQR 1999 - Summary of Key Findings

The summary of key findings highlights results from the 1999 External Quality Review. While there are some limitations that can affect comparisons, for many focus study indicators, we are able to make comparisons over time. Results from 1997, 1998, and 1999 are summarized where applicable. Data limitations are discussed within each focus study section.

Prenatal Care

The frequency of ongoing prenatal care has improved during the past two years with seven QHPs demonstrating increases from their 1998 rates. Overall, five QHPs stood out as demonstrating high results for all prenatal indicators. Educational programs that focus on prenatal care may be used to improve the rates for postpartum care, MSS screening, and MSS services received. These programs may be able to improve rates with a comprehensive approach that describes the importance of these indicators to health care providers, QHPs, and enrollees.

- The review demonstrated that 98% of women received prenatal care at some time during their pregnancy. Fifty-eight percent received care in the first trimester or within 42 days of enrollment, 26% in the second, and 5% in the third trimester. These rates were similar to findings from 1998.
- The percentage of women who received 80% or more of the recommended number of visits during their pregnancy was 70%. This was an increase from the 1998 result of 51%.
- Postpartum visits were received by 54% of the population. This rate was higher than the 1998 EQR results of 45%.
- The EQR 1999 screening rate of 59% is lower than the rate reported in 1998 but is higher than the EQR 1997 rate of 49%.
- 59% of women who were at risk received MSS services. Prior year comparable data was not available for this indicator.

Pediatric Asthma

Several indicators for Pediatric Asthma Care were included in the EQR 1999 review for the first time. Most indicators included in prior studies remained stable or improved, with the exception of interval history documentation. Nine QHPs were ranked above average; one QHP had results above average for all indicators.

Education, self-management, and monitoring of patient status may improve with a focus on an education program that targets those enrollees with asthma and their health care providers. Fostering the relationship between the enrollee and his health care provider, along with communicating the guidelines for care to all health care providers will produce positive results in this population.

- There was documentation that 25% of children with asthma received a spirometry or peak flow meter reading for EQR 1999. Prior year comparable data was not available for this indicator.
- 76% of enrollees with asthma received an interval history during the study period. This rate was lower than the EQR 1998 result of 84%.
- An education or self-management plan was provided to 47% of enrollees. Prior year comparable data was not available for this indicator.
- 32% of enrollees with asthma who did not have any office visits during the review period made an emergency room visit with an asthma diagnosis. For enrollees who did have an office visit, the emergency room visit rate was 20%.

Immunizations

EQR 1999 and 1998 results for immunization of two-year-olds were similar. Seven QHPs performed above the weighted average.

- 73% of two-year-olds were fully immunized by the age of two. This result was similar to the EQR 1998 rate of 75%. EQR 1997 and 1998 rates were also similar.

EPSDT

Results of the EPSDT study for EQR 1999 were similar to EQR 1998 results for many indicators of comparable populations. EQR 1998 reviewed care provided to children aged 0 to less than two years. EQR 1999 reviewed care for children aged 0 to 21 years. Of comparable indicators, eight remained stable, four showed downward trends, and one improved. There were eight QHPs with above average results for the EPSDT indicators.

- Review of enrollee records demonstrated that 99% of children aged 0-2 received at least one EPSDT service during 1999. Rates for other age groups were similar. Recalculated EQR 1999 rates, using population demographics comparable to the 1998 study, showed similar results for EQR 1998 and 1999.
- 83% of enrollees aged 0-2 received one or more height measurement, and 97% received one or more weight measurement. Combined height and weight measurements for EQR 1998 were 93% for children aged 0 to less than two years. Recalculated EQR 1999 rates, using population demographics comparable to the 1998 study, showed similar results of head circumference measurement rates for EQR 1998 and the 1999 rate of 84%.
- Both vision and hearing screening rates were 49% for children aged 0-2. Hearing screening rates were similar for the other age groups. Vision screening rates ranged from 29%-45% for other age groups. Recalculated EQR 1999 rates, using population demographics comparable to the 1998 study, showed lower results for EQR 1999 than for 1998.
- A physical examination was documented in 70% of the EQR 1999 records for children aged 0-2. Recalculated EQR 1999 rates, using population demographics comparable to the 1998 study, showed lower results for EQR 1999 than for 1998.
- Blood lead level testing rates were 27% for enrollees aged 0-2 and 25% for enrollees aged 3-6. Prior year comparable data was not available for this indicator. Forty-one percent of children aged 0-2 received hemoglobin or hematocrit testing. Recalculated EQR 1999 rates, using population demographics comparable to the 1998 study, showed similar results for EQR 1998 and 1999.

CSHCN

A study of Children with Special Health Care Needs (CSHCN) was included in EQR for the first time for 1999. The study was similar to the EPSDT study and used the same indicators; however, the population for the study was limited to enrollees receiving supplemental security income (SSI) or adoption assistance. Results for the CSHCN study were reported for the 7-12 and 13-21 year old age groups and for all age groups combined.

- 98% of children aged 7-12 received at least one EPSDT service during 1999. For the 13-21 year old age group, adherence was 100%.

- 67% of all enrollees received one or more height measurement and 96% received one or more weight measurement.
- The vision and hearing screening rates were 40% for children aged 7-12 and 29% for enrollees aged 13-21. The hearing screening rates for the younger age group was similar at 44%. Enrollees aged 13-21 received hearing screening in 51% of the cases reviewed.
- A physical examination was documented in 49% of the records for children aged 7-12, and 40% of records for enrollees aged 13-21.

HIV/AIDS

The four HIV/AIDS indicators that were included in both the 1998 and 1999 reviews remained stable from year to year. As the recommended treatments of individuals with HIV evolve, the studies to evaluate care must also change to reflect current practice. A number of new indicators were added to provide a more detailed picture of care being provided to people living with HIV/AIDS. The results identified that consistency with accepted practice, as demonstrated by higher indicator rates, is most often associated with the enrollee receiving care from an infectious disease specialist.

- CD-4 tests increased to 70% in 1999, as compared to 50% in 1998.
- There was an increase in the rate of viral load testing from 48% for EQR 1998 to 62% for EQR 1999.
- 50% of enrollees with HIV/AIDS received at least one office visit with an infectious disease specialist.
- 71% of enrollees with a CD-4 count < 200 received PCP prophylaxis during the study period. The rate identified for EQR 1998 was 69%.
- Antiretroviral therapy was documented in 90% of the records reviewed where the enrollee's CD-4 count was 0 – 500. EQR 1998 demonstrated a rate of 84% for this indicator.
- There was documentation of medication monitoring in 80% of the records reviewed for EQR 1999. Prior year comparable data was not available for this indicator.